

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021485

1. Entity Name

4720 RIVERVIEW BOULEVARD CORPORATION

Principal Place of Business

4720 RIVERVIEW BLVD
BRADENTON FL 34210
US

Mailing Address

P. O. BOX 265
LONG BOAT KEY FL 34228
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90021 020 ***150.00

606431



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0395120

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASELLA, ROBERT M
701 HIDEAWAY BAY DR
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name

McMICHAEL, PAIGE

Street Address (P.O. Box Number is Not Acceptable)

5050 BRYLLI CIRCLE

City

SARASOTA

FL

Zip Code

34234

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-3-01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAKICKY, ANTON
HRADRE 13
81101 BRATISLAVA, SLOVAKIA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
McMICHAEL, PAIGE
1432 FIRST STREET, SUITE C
SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
McMICHAEL, PAIGE
5050 BRYLLI CIRCLE
SARASOTA FL 34234 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAIGE McMICHAEL, SECRETARY

1-3-01

Date

941-359-6327

Daytime Phone #

0406530

CR2E034 (10/00)